P

Do NOT Affix Student ID Label Here

A

Student Name _____

School Name _____

LEA Number _____

MCAP

Maryland Comprehensive Assessment Program

PRACTICE TEST

Algebra II

Answer Document

B Last Name | First Name | MI

School Use Only

F SASID

C Place the Student ID Label Here

D Gender

○ Female ○ Male ○ Non-Binary

E Date of Birth

Day	Month	Year
0 0	○ Jan	0 0 0
1 1	○ Feb	1 1 1
2 2	○ Mar	2 2 2
3 3	○ Apr	3 3
4	○ May	4 4
5	○ Jun	5 5
6	○ Jul	6 6
7	○ Aug	7 7
8	○ Sep	8 8
9	○ Oct	9 9 9
	○ Nov	
	○ Dec	

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

Section 1
(Non-Calculator)

1. Ⓐ Ⓑ Ⓒ Ⓓ

2. Ⓐ Ⓑ Ⓒ Ⓓ

3. Ⓐ Ⓑ Ⓒ Ⓓ

4. Ⓐ Ⓑ Ⓒ Ⓓ

5. Ⓐ Ⓑ Ⓒ Ⓓ

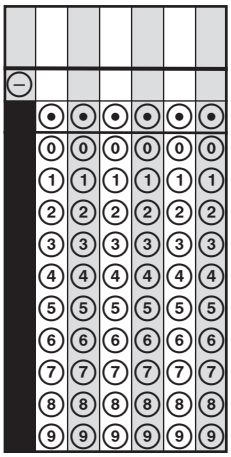
6. Ⓐ Ⓑ Ⓒ Ⓓ

7. Ⓐ Ⓑ Ⓒ Ⓓ

8. Ⓐ Ⓑ Ⓒ Ⓓ

9. Ⓐ Ⓑ Ⓒ Ⓓ

10.



11. Ⓐ Ⓑ Ⓒ Ⓓ

12. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ Ⓖ

13. Ⓐ Ⓑ Ⓒ Ⓓ

STOP

You have come to the end of Section 1 of the test. Review your answers from Section 1 only.

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

Section 2
(Calculator)

1. Ⓐ Ⓑ Ⓒ Ⓓ

2. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ Ⓕ

3. Ⓐ Ⓑ Ⓒ Ⓓ

4. Ⓐ Ⓑ Ⓒ Ⓓ

5.

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

6. Ⓐ Ⓑ Ⓒ Ⓓ

7. Ⓐ Ⓑ Ⓒ Ⓓ

8. Ⓐ Ⓑ Ⓒ Ⓓ

STOP

You have come to the end of Section 2 of the test. Review your answers from Section 2 only.

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

Section 3
(Calculator)

1. Ⓐ Ⓑ Ⓒ Ⓓ

GO ON ▶

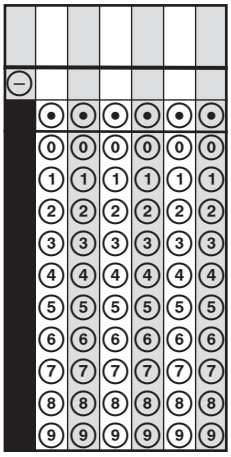
2.

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

3. Ⓐ Ⓑ Ⓒ Ⓓ

4.



PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

5.

GO ON ▶

6. Ⓐ Ⓑ Ⓒ Ⓓ

STOP

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

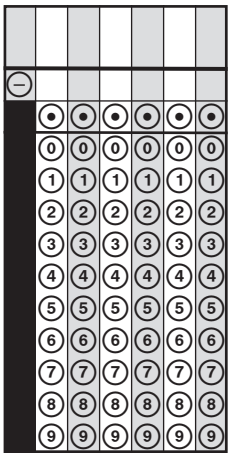
You have come to the end of Section 3 of the test. Review your answers from Section 3 only.

Section 4
(Calculator)

1. Ⓐ Ⓑ Ⓒ Ⓓ

2. Ⓐ Ⓑ Ⓒ Ⓓ Ⓔ

3.



4. Ⓐ Ⓑ Ⓒ Ⓓ

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

5.

GO ON ▶

6. Ⓐ Ⓑ Ⓒ Ⓓ

7. Ⓐ Ⓑ Ⓒ Ⓓ

8. Ⓐ Ⓑ Ⓒ Ⓓ

STOP

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

You have come to the end of Section 4 of the test. Review your answers from Section 4 only.

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

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MCAP

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Practice Test

Maryland
STATE DEPARTMENT OF EDUCATION

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